Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

STEPHEN EDWARD EARLE
PO BOX 33577
SAN ANTONIO TX 78265-3577

Respondent Name
LIBERTY INSURANCE CORPORATION

Carrier's Austin Representative Box
Box Number 1

MFDR Tracking Number
M4-08-6743-01

MFDR Date Received
July 17, 2008

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Each code was preauthorized by the insurance carrier."

Amount in Dispute: $7,858.42

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "There is no evidence in the documented operative report . . . that the surgery was performed under emergency circumstances. . . . The provider was appropriately reimbursed for the above codes."

Response Submitted by: Liberty Mutual, 2875 Browns Bridge Road, Gainesville, Georgia 30504

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
January 17, 2008	Professional Surgical Services	$7,858.42	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.1 sets forth general provisions related to medical reimbursement.
3. 28 Texas Administrative Code §134.202 sets out the reimbursement guidelines for professional medical services.
4. 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization of health care.
5. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - X170 – PRE-AUTHORIZATION WAS REQUIRED BUT NOT REQUESTED FOR THIS SERVICE PER DWC RULE 134.600. (X170)
   - B377 – THIS IS A BUNDLED PROCEDURE; NO SEPARATE PAYMENT ALLOWED. (B377)
   - U899 – PROCEDURE HAS EXCEEDED THE MAXIMUM ALLOWED UNITS OF SERVICE. (U899)

Issues

1. Did the provider meet the requirements of 28 Texas Administrative Code §134.600(c) with respect to procedure codes 20938, 22612, 22614, 22899, 63011, 63042, and 63044?
2. Did the provider support separate reimbursement for procedure code 22830-59?
3. Did the provider support separate reimbursement for procedure code 63660-50?

Findings

4. The insurance carrier denied disputed surgical services billed under procedure codes 20938, 22612, 22614, 22899, 63011, 63042, and 63044 with reason code X170 – "PRE-AUTHORIZATION WAS REQUIRED BUT NOT REQUESTED FOR THIS SERVICE PER DWC RULE 134.600." 28 Texas Administrative Code §134.600(c), effective May 2, 2006, 31 *Texas Register* 3566; states, in pertinent part, that "The carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur: (A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions)." §134.600(p)(2) states that the non-emergency health care requiring preauthorization includes "outpatient surgical or ambulatory surgical services." 28 Texas Administrative Code §133.2(3)(A), effective May 2, 2006, 31 *Texas Register* 3544; defines an emergency as "the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient's health or bodily functions in serious jeopardy, or (ii) serious dysfunction of any body organ or part." Review of the submitted documentation finds that the disputed services were surgical services listed in §134.600(p) as requiring preauthorization. No documentation was found to support a medical emergency, nor was any documentation found to support that this surgical service had been preauthorized. The insurance carrier's denial reason is supported. Reimbursement for these services is not recommended.
5. The insurance carrier denied disputed surgical services billed under procedure code 22830-59 with reason code B377 – "THIS IS A BUNDLED PROCEDURE; NO SEPARATE PAYMENT ALLOWED." Per 28 Texas Administrative Code §134.202(b), "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided." Per Medicare reporting payment policy, procedure code 22830 may not be reported with procedure code 22612 performed on the same date of service. The provider used modifier 59 to indicate distinct procedural service. However, review of the submitted documentation finds that the procedure was not performed at a separate anatomical site, nor was it performed during a separate patient encounter. Use of modifier 59 is not supported for this procedure. The insurance carrier's denial reason is supported. Separate reimbursement cannot be recommended.
6. The insurance carrier denied disputed surgical services billed under procedure code 63660-50 with reason code U899 – "PROCEDURE HAS EXCEEDED THE MAXIMUM ALLOWED UNITS OF SERVICE." The provider billed this procedure code with modifier 50, indicating a bilateral procedure. Per 28 Texas Administrative Code §134.202(b), "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided." Per Medicare payment reporting policy, procedure code 63660 has a bilateral surgery indicator of "0." Bilateral payment adjustment does not apply to this procedure. The bilateral adjustment is inappropriate for codes in this category because of physiology or anatomy, or because the code description specifically states that it is a unilateral procedure. Review of the submitted information supports reimbursement of only one unit of procedure code 63660. The submitted documentation supports that the insurance carrier reimbursed one unit of this procedure on another payment line. The insurance carrier's denial reason is supported. Separate reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the services in dispute.

Authorized Signature

	Grayson Richardson	August 9, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.